

THE OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

PRIMARY INSPECTION

SOUTHWESTERN VIRGINIA TRAINING CENTER

HILLSVILLE, VIRGINIA

ANITA S. EVERETT, MD

INSPECTOR GENERAL

OIG REPORT #43-01

EXECUTIVE SUMMARY

Primary inspections are routine unannounced comprehensive visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. This type of inspection provides for a means of evaluating components or themes associated with the quality of care delivered by the facility. This format enables the Office of the Inspector General to make recommendations regarding performance improvement.

An initial comprehensive inspection will be completed at each of the facilities with the same eight categories serving as the primary focus for the inspections. This allows for a basic understanding of the facility's approach as well as a way of understanding of the system of service delivery statewide.

A primary inspection was completed at the Southwestern Virginia Training Center during April 24 - 26, 2001.

Southwestern Virginia Training Center began operations a little over twenty-five years ago. Many of the staff currently employed at the facility began their service at that time. Staff interviewed related that the relationship they have been able to establish with the residents over the years is the main reason for continuing in their positions. This type of interaction helps to create an environment where staff and clients have developed a culture that fosters a strong feeling of caring and commitment. Overall, staff were noted during the inspection to treat the residents with dignity and respect.

This facility has experienced shortages in staff coverage over the past several years, which has resulted in an increase use of overtime (both voluntary and mandatory). The majority of staff interviewed indicated that this is the primary challenge facing this facility and the foremost factor in job dissatisfaction and low morale among staff, particularly among the Human Service Care Workers. It is that position that carries most of the responsibility for overtime coverage. It was noted that the facility has made efforts to solve this problems and used several creative methods for increasing direct care positions.

The staff at SWVTC maximizes its efforts to provide active treatment despite the staffing limitations. There is an extensive nutritional management program in operation and other active treatment opportunities were noted.

SWVTC is in the forefront in developing a system for maintaining data regarding significant incidents that occur within the facility and have used this information to initiate several performance improvement projects. This system is being reviewed by the DMHMRSAS Central Office for consideration for usage in the other facilities.

It was noted overall throughout the inspection that the facility is committed to providing quality care to the residents. Staff shortages play a significant role in the facility's ability to provide extended active treatment services, follow-up and monitoring of the care provided.

A number of findings both of merit and of concern have been outlined in this report, along with associated recommendations.

Facility:	Southwestern Virginia Training Center Hillsville, Virginia
Date:	April 24 - 26, 2001
Type of Inspection:	Primary Inspection / Unannounced

Reviewers: Anita Everett, MD
William Rea, MD
Jayne Shepherd
Cathy Hill, M.Ed.
Heather Glissman, BA

Purpose of the Inspection: To conduct a comprehensive inspection of the facility as an aspect of routine on-going quality reviews.

Sources of Information: Interviews were conducted with staff, ranging from members in leadership positions to direct-care workers. Documentation reviews included, but was not limited to: resident treatment records, selected Policies and Procedures, selected committee minutes, facility training materials, Performance Improvement/QA projects, and statistics regarding resident complaints. Activities and staff/resident interactions were observed.

Areas Reviewed: Section One / Treatment with Dignity and Respect
Section Two / Locked Time-out and Restraint
Section Three / Active Treatment
Section Four / Treatment Environment
Section Five / Access to Medical Care
Section Six / Public- Academic Relationships
Section Seven / Notable Administrative Activities
Section Eight / Facility Challenges

INTRODUCTION:

This report summarizes the findings during a primary inspection of Southwestern Virginia Training Center, which occurred from April 24-26, 2001.

Primary inspections are routine unannounced comprehensive visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. The purpose

of this type of inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement.

Currently there are many forces addressing severe deficiencies in the public funded Mental Health, Mental Retardation and Substance Abuse (MHMRAS) Facility System in Virginia. The items identified for review in this report were selected based on the relevance to current reform activity being undertaken in Southwestern Virginia Training Center as well as other facilities in Virginia. This report intentionally focused on those issues that relate most directly to the quality of professional care provided to residents of the facility. It is intended to provide a view into the current functioning of the training center.

This report is organized into eight different areas. These are: 1) Treatment of Patients with Dignity and Respect, 2) Use of Locked Time-out and Restraint, 3) Active Treatment, 4) Treatment Environment, 5) Access to Medical Services, 6) Public-Academic Relationships, 7) Notable Administrative Projects and 8) Facility Challenges. Under each of these areas are one or more “findings” with related background discussion and recommendations.

FACILITY BACKGROUND INFORMATION:

Southwestern Virginia Training Center is one of five facilities within the Commonwealth that provides services to persons with mental retardation. The facility began operations twenty-five years ago. The current census is approximately 220 residents. The majority of these are adults. The majority of residents served by the facility are classified as severely and profoundly mentally retarded. This facility is certified as an intermediate care facility (ICF-MR).

The training center is located in Carroll County and primarily serves the local community services boards for 17 local counties and 4 local cities. Admissions and discharges from elsewhere across the Commonwealth occasionally occur.

TREATMENT WITH DIGNITY AND RESPECT

Finding 1.1: Throughout the interview, staff were observed treating the residents with dignity and respect.

Background: There were many opportunities throughout the inspection to observe the interactions between the staff and residents. Observations of both one-on-one interactions and groups occurred. Staff throughout the facility were observed interacting in a respectful manner with the residents. Staff were relaxed and often appropriately playful and good-natured in their interactions with residents. Staff spoke fondly of the residents

and often attributed their desire to continue to work at the facility to the bond they feel with the residents.

Staff noted that the frustrations often experienced on the job due to widespread staff shortages are “lightened” by their interactions with the residents.

Recommendation: Continue to foster an environment that emphasizes dignity and respect.

Finding 1.2: The Human Rights advocate at SWVTC is proactive in assuring human rights of the residents through monitoring and training.

Background: The advocate indicated that providing adequate often focused, training to staff and ongoing monitoring within the facility were two optimal ways of protecting the rights of the residents within this facility. The advocate provides formal training yearly for all staff and pre-service training for all new employees. However, many informal ways of providing both consultation and training to staff were identified. The advocate felt strongly that one of the best ways of preventing abuse from occurring was to maintain an open dialogue with staff and parents while assuring them that each concern they identify will be reviewed and addressed, as appropriate.

As many of the residents have communication barriers, the advocate related that the majority of issues submitted to her office come from staff members. She maintained that most staff have an extensive work history within the facility and are in an excellent position to identify changes in the residents, which may be an indicator that something has occurred. An added benefit was noted in that the LHRC was described as being active in addressing issues relevant to assuring the rights of the residents.

Staff supported the work of the advocate by indicating they felt comfortable approaching her with concerns about the residents. Interviews revealed that the majority of staff were able to identify situations that would necessitate reporting concerns relevant to abuse and neglect issues. The majority felt that abuse would likely occur with newer staff members because of the demands of the position would not be balanced out with a history of working and knowing the residents. Most felt that it was important to pair new employees with more seasoned workers to decrease the likelihood of abuse or neglect of duties occurring but indicated this is often not possible because of staff shortages. Staff expressed concern with the practice of “pulling” workers from other cottages to work because they are unfamiliar with the residents.

Recommendation: Continue to support the advocate in conducting both monitoring and training activities.

THE USE OF SECLUSION AND RESTRAINT

Finding 2.1: Level Five (locked) Time-out is a restrictive behavioral intervention that is regularly used at SWVTC.

Background: Although Level Five time-out is the most restrictive, it was described as the level most vaguely defined. This level of time-out represents locked time-out. Locked time-out is the more traditional process used whereby residents who are experiencing behavioral difficulties are removed from the stimulating situation and placed in a room which is secured by staff. The doors are equipped with a handle lock that will not stay shut unless held in place by a staff. Residents in locked time-out are to be under continuous observation.

SWVTC provides several safeguards in an attempt to assure that abusive practices are prevented. The use of this level of restriction is explored with the resident's ID team prior to the development of a behavioral plan that outlines the target behaviors and specific outcome goals associated with its use. Each plan is then presented to the facility Behavioral Management Committee and the Local Human Rights Committee for approval prior to being implemented.

There is an interesting case of one resident who had to be moved because of building renovations. In his previous setting locked time out was used periodically to manage behavior. In the new environment locked time out was not necessary. This raises questions regarding the actual use of locked time out at SWVTC.

This situation does not represent imminent risk to individuals at SWVTC. Rather the concern, as illustrated by the case above is that staff are so stretched that care is not able to be continuously critically revised to promote maximal independence and well-being. Given the relative limited availability of psychology and other behavioral support staff at this facility, it is probable that with a more intensive focus, some of these targeted behaviors could be more aggressively treated so that they are eliminated. SWVTC has only 4 master level psychologists for 220 residents. There is a PhD level psychologist who contracts on a part time basis with SWVTC for reviewing behavioral treatment plans. This is in contrast to 6 full time PhD level psychologists and 6 psychology assistants for 186 residents at Northern Virginia Training Center.

Recommendation: We would suggest that serious consideration be given to the development of intensive peer consultation with psychology staff at NVTC on a regular basis.

TREATMENT ENVIRONMENT

Finding 3.1: The facility is clean, comfortable and the grounds are well maintained.

Background: Several areas within the campus were toured during the course of the inspection. The facility was clean and the grounds well maintained. Efforts to make the environment appear home-like and comfortable were noted. Staff in administrative and clinical positions were involved in several landscaping beautification projects across the campus.

Adaptive elements were evident in the corridors of Building 3, which supported increased skill building opportunities for the residents.

Recommendation: Continue to maintain the buildings and grounds.

Finding 3.2: SWVTC's system for conducting regular and routine safety inspections of equipment, furniture and training staff regarding safety practices needs to be enhanced.

Background: Buildings and Grounds staff are primarily responsible for the creation of adaptive equipment designed to enhance resident safety. Several creative adaptations were noted during a tour of several units. The use of Plexiglas enclosures around beds is an example of one such adaptation. However, several potentially hazardous problems were also observed during the walk-through. In one four bed room area alone, the following were noted: screws were protruding on one of the Plexiglas enclosures, which could come loose or cut the resident; beds were placed in front of windows with the opening of the window at bedlevel; beds with casters were unable to be locked to prevent rolling during transfers; and a cover was missing over an equipment box described as housing a water valve.

A bathroom in the same area was noted to have innovative tray tables to help secure the residents during toileting. On the opposite side of this unit, the chairs over the commodes were difficult to lock or incapable of being locked.

The reviewers were informed that a safety review team had been established to provide on-going site checks. This team could be responsible for checking each bed, chair, their use and placement among other environmental safety tasks.

Recommendation: Develop and implement a more rigorous schedule for environmental safety with a focus on equipment review and maintenance.

Finding 3.3: SWVTC staff would benefit from enhanced training regarding resident transport safety.

Background: During observations of staff taking two residents on a field trip, it was noted that staff did not lock the wheels on the wheelchair when the wheelchair was placed on the van lift prior to its operation. It also appeared as if staff did not fully understand the importance of placing the wheelchairs in a face-forward position for transporting residents instead of sideways, which was the manner of transport placement previously used. The laptray of the resident remained secured to the wheelchair instead of being removed and secured in a spot on the bus. During an accident, this laptray could become a missile and possibly hurt the resident or the other passengers in the bus.

Routine refresher training of staff regarding the proper use of equipment and its maintenance would provide ongoing awareness of this important staff responsibility. Clearly staff were making a good faith effort to safely transfer these individuals. Enhanced training of this sort takes time away from direct care, and with the intensive staff shortages in direct care staff, it has been difficult for management to justify this.

Recommendation: Enhance staff training regarding the importance of safety practices.

Finding 3.4: The majority of rooms designated for active treatment in Building 3 are limited in treatment space due to the number of residents in wheelchairs.

Background: During the facility tour, several active treatment groups were observed.

Space for conducting active treatment was extremely limited primarily due to the number of residents in wheelchairs. This limits staff's ability to conduct effective programming.

Recommendation: Review group size to determine if smaller group activities could be conducted.

Finding 3.5: The facility has conducted several reviews regarding the use of overtime.

Background: Administration has been concerned regarding the number of overtime hours required to provide adequate coverage. In an effort to review the situation and to establish a mechanism for obtaining and incorporating feedback from staff, an overtime review committee was established and has generated several initiatives in order to address this issue.

Recommendation: The ongoing and seemingly indefinite use of overtime is not an efficient use of state resources. DMHMRSAS Central Office should review this staffing pattern closely with SWVTC staff.

Finding 3.6: The staff at SWVTC provides a warm and caring treatment milieu for a challenging and disparate client population.

Background: Many of the staff members interviewed have been longstanding employees at the facility. They discussed that the relationship they have been able to establish with the residents over the years is the main reason for continuing in their positions. Staff were observed both playfully and lovingly interacting with the residents; gently stroking their arms or face while working with them and often appropriately included the residents in our conversation/interviews. Staff members discussed the residents' strengths in front of them and expressed pride in the residents' accomplishments. One staff member requested that the team take a moment to see a Special Olympic Medallion won by a resident. Both the staff and the resident were visibly pleased when this occurred.

This type of interaction helps to create an environment where staff and clients have developed a culture that fosters a strong feeling of caring and commitment.

Recommendation: Develop ways to support and maintain this dedicated and caring staff. Increase opportunities to provide recognition for the hard work they do often under very difficult circumstances.

Finding 3.7: There is a shortage of staff in several key professional positions.

Background: Every person interviewed identified shortages in both direct care staff and professional staff positions as the major problem facing this facility. Administration has made an effort to creatively use the personnel resources available often by combining responsibilities. For example, there is no longer a Director of Nursing, since that position was reallocated to one for Risk Management. As a result, the single physician responsible for patient medical care has assumed the role of providing supervision of the 20+ nursing staff.

Direct care staff, with limited supervision by the professional staff, primarily provides any active treatment or training that is given to residents. Professional staff of several disciplines expressed concern that the development of the required number of treatment plans for implementation by direct-care staff results in them being overworked and

overburdened. Yet professional staff are unable to provide as much “hands-on” activities as they would like to do as they are often stretched in completing the necessary assessments, plans and reviews required in establishing and maintaining treatment goals and activities for residents.

Recommendation: Review staffing patterns and functions to determine optimal levels required to effectively implement and follow-up on active treatment needs of the residents and provide adequate supervision of staff for optimal facility operations. This may not be able to be enhanced effectively without an increase in staffing.

Finding 3.8: The facility has used the combining of several key administrative positions in order to stretch resources.

Background: As noted in the previous finding, the administration has been dedicated to supplementing direct care staffing whenever possible. At SWVTC this is often accomplished by combining administrative positions. There are many examples of collapsing positions into singular position combinations. Some examples include: the Quality Assurance Director also is responsible for the supervision and operation of Habilitative Services; the Medical Director/physician provides medical care coverage for all the residents and supervises the entire nursing staff; and the Training Officer also provides administrative and limited clinical supervision of the facility psychologists.

This practice cannot continue without creating a risk for severely compromising the supervision and oversight necessary to provide quality active treatment, residential and medical services.

Recommendation: SWVTC work with the Central Office in reviewing this practice to assure effective coverage of key functions, particularly the supervision of staff.

Finding 3.9: The locked cottage creates both programmatic and human rights challenges for this facility.

Background: The team conducted a tour of Cottage 7, which is the locked cottage on this campus. The cottage has become primarily secured because of the behavioral and safety needs of one resident. This individual engages in multiple self-injurious behaviors including elopement, which could be life threatening. The resident frequently requires one-to-one staffing, in addition to this higher level of restriction. The other occupants of

this cottage have been subjected to the same degree of restriction as a result. Staff expressed concern that the other residents are denied access to outings that they had been able to participate in prior to the move to this cottage because of staffing shortages. It is recognized that it is challenging in this setting to balance the safety concerns and human rights issues for all residents but particularly in this cottage.

Recommendation: Review the activities of all the residents in this cottage and create increased opportunities for residents with fewer restrictions for outings and other activities. The opinion of the Human Rights Director would be appreciated in the DMHMRSAS response to this report.

ACTIVE TREATMENT

Finding 4.1: SWVTC has initiated an extensive nutrition management program for every resident.

Background: SWVTC has initiated a nutritional management program. Unlike the “feeding programs” utilized by this and other facilities in the past, the nutritional management program is designed to incorporate all the elements associated with the management of nutritional intake including assessment of intake of food and fluids, the processing, absorption and excretion of the same. This shifts from the idea that “feeding” occurs on a set schedule, such as three meals a day, to a continuous review process.

The Nutritional Management Screening Team includes the Unit RN, the Unit Speech and Language Pathologist, and the Unit Dietician. They are screening clients two months prior to their yearly evaluation and complete a full evaluation with occupational therapy, whenever it is needed. There currently is not established time for the completion of follow-up.

The facility has designated a speech therapist to provide oversight for this program. Currently there are 3 speech pathologists and at least one has received special training in the development and operation of activities associated with the program. They are currently in the process of computerizing the data and records maintained on the residents for this service but receive no secretarial assistance. The records reviewed were well maintained and appropriate intervention seemed to be in place. The person in charge of the program had a thorough knowledge of the residents the Unit was involved in serving. Speech Therapists are responsible for many activities within this facility. In addition to completing the nutritional management assessments, they are responsible for maintaining a caseload of residents, conducting training(s) and classes, attending meetings, completing evaluations and maintaining the records. They often stay late to observe and review a program, provide supervision of staff, assess problem areas and complete feedings when routine staff are not available as pulled staff do not always have the training for the areas they are asked to assist in which is a danger.

Facility staff are undergoing systematic training regarding the implementation of the program including proper positioning of the resident, consistency of the foods, the usage of adaptive equipment, signs of distress and input and output measures, as appropriate. It is interesting to note that ALL staff will do feeding when there are staff shortages (e.g., includes "pulled" direct care staff as well as therapists).

Snack time was observed during the review. Nutritional management cards with pictures and procedures were noted as well as a system for identifying which resident used what utensils. The staff appeared to know what to do. If a choking incident occurred, an incident report was made and feeding was observed at the next meal so that further evaluation and programming can occur if necessary.

Recommendation: This program is well organized. Consideration needs to be given to increasing qualified staff so that the Director is able to conduct increased training, follow-up and monitoring of the program. Secretarial support would also be beneficial so that staff resources can be used with the residents.

Finding 4.2: The staff at SWVTC maximizes its efforts to provide active treatment despite staffing limitations.

Background: This facility with over 200 residents and approximately 85% as defined as severely and profoundly handicapped has limited resources for conducting active treatment. Habilitation Services include recreational therapy, music therapy, conductive education, and physical and occupational therapy. There is one supervisor for all of these services. As previously noted, this individual is also responsible for the quality assurance activities at the facility.

During the interviews and while observing treatment on the units, it was obvious that a good flow of communication occurred between direct care staff and this department and between the disciplines. Direct care staff participate in training at least every 6 months, while the Habilitation staff offers monthly training sessions. A variety of clinics (e.g., Problem Solving, Physical Management, Wheelchair, Orthotics, and Nutritional) are offered to assess the client's status. The recreational therapy staff or the direct care staff often generates referrals as a result.

The facility has one occupational therapist (OT) and one certified OT assistant (COTA). There is one physical therapist (PT), and three full-time licensed physical therapy assistants (LPTA). This is in contrast to a recommended 3 to 100 ratio for both of these professions for a population with this level of disability. (This would mean 4 additional OT staff and 2 additional PT staff.)

The primary function of the OT is to conduct assessments of the residents and participate in the various clinics within the facility and supervise the COTA, who provides direct services to approximately 10-12 residents. The OT was recently hired and sees a need to address other programming needs for residents related to community living skills, vocational skills, and sensory diet. With the limited staffing available, this is currently not feasible.

The PT staff is responsible for assessing, developing and managing the physical management programs at the facility and supervising the LPTA in implementing treatment. Currently, PT staff participate in a problem-solving clinic, which addresses issues regarding equipment and other elements of physical management. The physical therapist talks with program managers about the workings of the physical management plans for residents, and conducts monthly training sessions, which are both specific and generic. All residents on Unit 3 have physical management plans that are "classroom awake" plans, not 24/7 plans. All Habilitation staff interviewed voiced a concern that there is not enough manpower to do these plans differently.

Direct care staff are responsible for carrying out many of the more traditional PT and OT functions due to the limited complement of professional staff available. Within each treatment area, staff have access to the education plan, an abbreviated physical management plan (if completed on the client), and an activity checklist. Some goals were inappropriate (e.g., "Manipulates an object for 8 minutes") but overall, documentation of the assessment, goals and interventions were good. The implementation of the treatment/education plan(s) was difficult to determine from the observations that occurred during the inspection. At times, there appeared to be a disconnect between what was written in the plan and the actual services being conducted.

It was noted that direct care staff carried out most of the objectives established by rotating with the residents to the various program areas (e.g., music, conductive education, and speech/communication groups) with the residents carrying out the many objectives established. This system requires direct care workers to be knowledgeable of all areas and activities but also stretches their abilities in successfully conducting the required interventions with the limited number of staff available. Observations revealed that often two but sometimes only one resident in a group of eight or ten were actively engaged in treatment at any given time. One resident was unable to complete her snack because it was time for the entire group to be moved to the adjacent room for another group activity.

It is notable that the facility received a donation of Nautilus exercise equipment, which they are using with select residents. Fifteen staff members were given a 4-hour training on how to use the equipment and only these staff members can monitor a client using the equipment. One resident was observed using the equipment with one-to-one supervision. This resident expressed her "delight" in being able to ride the bike. This program is used for residents of all ages and physical capabilities. There was no pulse oximeter present to monitor oxygen saturation rates for the clients.

A sensory stimulation room with various lights, sounds, and smells is set up within the facility. A group of 5 or 6 residents were observed using this room, mostly sitting and staring or rocking back and forth. Though this does provide sensory input, it is questionable whether the residents benefit from this type of sensory diet.

Professional staff demonstrated having good ideas of active programming with residents but there did not appear to be adequate staff to effectively implement the plan(s) and provide follow up regarding efficacy of the services or on-going reassessment(s). Secretarial support was unavailable which limits the amount of time that can be spent with the clients by professional staff. Reports, equipment justifications, program management, clinics, staff training, and monitoring programs all generate written reports.

Recommendation: Evaluate the need for increased professional staff and/or aides trained in conducting OT and PT activities. Consider arranging for a secretarial person to support professional staff enabling them to work more efficiently. Increase opportunities for developing programs that may assist residents in optimizing their ability to return to the community.

Finding 4.3: Wheelchairs were noted to be in good condition and designed to fit the needs of the individual residents.

Background: During the tour, it was noted that the seating systems and wheelchairs used by the residents were in good working order, designed to meet the individual fitting needs of the residents, and were well maintained. This facility has established a good working relationship with their vendor and secures the equipment through the Department of Medical Assistance Service whenever possible.

Recommendation: None.

ACCESS TO MEDICAL CARE

Finding 5.1: There is one FTE of primary care staff at SWVTC.

Background: SWVTC is the least medically staffed of all Virginia training centers. SWVTC has one primary care provider to 220 patients. The other four training centers have 1FTE of a primary care provider for every 63 to 99 patients. In addition to the role as the only primary care provider Dr. Mayberry also serves as the Director of Nursing. As has been stated, many of the administrative staff have multiple roles at SWVTC. This is not optimal for a center that plays such a valuable role for the mentally retarded citizens of Southwestern Virginia. Staff at SWVTC uniformly opined that medical

services were prompt and of good quality, but there was concern as to how long a single physician could maintain this workload. Dr. Mayberry is continuously on call.

The medical service functions like a small primary care office. There are standing appointments throughout the day with an office nurse who triages emergency problems throughout the day. Some patients are seen on their residential unit, as many as possible are seen in the medical clinic itself. RN's throughout the center do what they can to minimize non-essential calls to the physician. This is despite his being cooperative and very committed to this group of patients.

Recommendation: Pursue the hire of a second FTE primary care provider for the residents at this facility.

Finding 5.2: A Psychiatrist comes to SWVTC twice a month. This is .05 FTE of a psychiatrist.

Background: This is despite 62 patients being maintained on psychotropic medications. The positive aspect of SWVTC is that the primary care physician has a good working knowledge of many psychotropic medications and supplements the psychiatrist time through phone contact between visits. No other facility in Virginia has as little psychiatric time per resident as SWVTC. Patients in this facility have less access to a psychiatrist than they would in many communities.

Recommendation: Efforts should be made to increase the psychiatric time to more flexibly meet the needs of the residents. This is particularly critical given the limitation in primary care staffing.

Finding 5.3: The residents in need of antipsychotic medication are receiving newer and safer generation medications.

Background: Of the 220 residents at SWVTC, there are 62 persons on psychotropic medications. Fifty-seven of these individuals are on the newer and safer antipsychotics. 17 remain on the older antipsychotics. There is overlap and clear attempts to transfer individuals to the safer medications. There are 5 who remain on Mellaril, an older antipsychotic, which has recently been found to be more dangerous with regards to cardiac side effects. Efforts are underway to reduce and eliminate the use of this medication.

Recommendation: None. With more psychiatric time, there would be increased opportunity to manage more closely the actions, interactions and side effects of these medications.

ACADEMIC AND PUBLIC RELATIONSHIPS

Finding 6.1: SWVTC continues its efforts to establish relationships with several colleges and universities.

Background: SWVTC has developed relationships with several colleges and universities by providing practicum experiences in social work, nursing, music therapy, speech therapy, physical therapy, occupational therapy, and other disciplines. Several of the staff members interviewed indicated that they had been practicum students in the past and sought employment at SWVTC as a result. There have been some difficulties in the past several years in “ironing-out” some of the contract problems in the establishment of these relationships. Staff shortages have also prevented the active use of some students because the time requirements associated with doing the required supervision of students are prohibitive. For example, Dr. Mayberry has expressed an interest in providing training opportunities for medical students, but as the sole provider of medical coverage within the facility coupled with the supervisory responsibilities of the nurses, he is currently unable to assume this added responsibility.

Recommendation: Continue to work at developing these valuable resource relationships.

NOTABLE ADMINISTRATIVE PROJECTS

Finding 7.1: The facility has developed a system for tracking incidents that is being reviewed for duplication at the other facilities.

Background: The current tracking system for monitoring incidents within the facility is being reviewed by the Central Office for possible use in all of the facilities. This program developed at SWVTC provides for a means of reviewing incidents from the perspective of the individual resident, by category of events and location. This allows the Risk Manager to examine the data in a more comprehensive manner and to identify variables that may be contributing to the identified problem.

Recommendation: None.

Finding 7.2: The facility conducted performance improvement initiative regarding falls as a result of information gathered through the incident reporting process.

Background: Data obtained from Quality Assurance, Quality Improvement and Risk Management sources were utilized in generating several initiatives to reduce the number of incidents related to falls within the facility. Because of the method for gathering and reviewing data, the Fall Management Committee was able to review incidents from multiple perspectives such as location, time of day, individual residents and equipment failures. This enabled the facility to implement changes that has resulted in a reduction of falls.

Recommendation: Continue to develop creative methods for identifying, implementing and monitoring performance improvement projects.

FACILITY CHALLENGES

Finding 8.1: Staff interviewed identified the required amount of regular mandatory overtime as the primary factor in increased job dissatisfaction and low morale.

Background: Throughout the course of this inspection and a secondary inspection, which had occurred at the facility about six weeks prior, the requirement for overtime by direct-care staff was noted as the primary source of job dissatisfaction and increasingly low morale within the facility. Numerous staff members spoke from personal experience as to how the ever-increasing demand for them to work extra hours placed undue stress on them and their families. Several indicated that this results in increased frustration on the job, which increases the risk for abuse and neglect to occur. Several maintained that the number of reported incidents of abuse has increased, which they attributed to the persistent requirements to work over.

One staff member spoke of being required to work during the two days when members of her family were scheduled to come and visit. There had been a considerable amount of time since they had been able to see one another. This staff member has been a long-time employee of the facility (15+years) and felt “betrayed” by the organization when significant events such as this, which were planned and requested far in advance could not be honored. The staff member described a shift in feelings regarding working at the facility as a result of the incident and describes now looking forward to retiring. The attitude now was defined as one of; “Each day completed gets me one more closer to leaving”. This theme was repeated throughout the inspection in interviews with numerous staff.

Estimates of mandatory overtime by staff ranged from eight hours per week to eight hours per month. Several staff members identified that they had been required to work up to 32 hours of overtime within a pay period of two weeks due to coverage difficulties over the Easter vacation and weekend.

While staff stated they are able to work out overtime coverage arrangements themselves and that this is often accomplished by splitting and trading shifts, they expressed concern

that this resulted in the data that would show the majority of overtime as voluntary instead of mandatory. However defined, routine required overtime is the norm at this facility. In addition, the use of self-scheduling has created, according to many staff members, inequities in shifts (8 hours vs. 12 hours).

Since many of these employees have been working for a number of years, they have accrued considerable vacation and sick leave. The administration has implemented a personnel requirement that staff reduce their leave balances within certain time frames, but the overall shortage of staff has prevented many from doing so in accordance with their own needs and preferences. Many voiced that this has also added to their job dissatisfaction and low morale.

In addition to low morale and job dissatisfaction, many staff expressed their concern for the residents when staff is pulled to work on a unit in which they are unfamiliar with the residents, procedures, and precautions. Though there are documented treatment programs and procedures (e.g., positioning, feeding procedures, behavioral plans), many staff members still voiced concerns about the safety of the residents with pulled staffed and overworked full time staff.

Recommendation: SWVTC works with the Central Office in reviewing the adequacy of direct care positions with a goal of addressing areas of staffing shortages.